

STATE OF IDAHO - PREPAYMENT OF ANNUAL PREMIUM TAXES

DELINQUENT IF NOT MAILED ON OR BEFORE DUE DATE TO: State of Idaho - Department of Insurance 700 West State Street, 3rd Floor Boise, ID 83720-0043 (208) 334-4250		FIRST QUARTERLY PREPAYMENT INSTALLMENT DUE JUNE 15, 2004
I certify that information entered on this document is a true and correct declaration of Idaho business. <hr/> Signature and Title of Officer (REQUIRED) Date		A. 2003 Net Taxable Premiums B. % Estimated Tax(2004 2.75% or 1.4%) <hr/>
Company Name, Address 		C. 60% Prepayment Due 6/15 <div style="text-align: right;">(0560)</div>
IS PAYMENT SENT BY EFT _____ SEE INSTRUCTIONS ON REVERSE SIDE INS-PTX-QP1(Rev 04-04)		

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DELINQUENT IF NOT MAILED ON OR BEFORE DUE DATE TO: State of Idaho - Department of Insurance 700 West State Street, 3rd Floor Boise, ID 83720-0043 (208) 334-4250		SECOND QUARTERLY PREPAYMENT INSTALLMENT DUE SEPT 15, 2004
I certify that information entered on this document is a true and correct declaration of Idaho business. <hr/> Signature and Title of Officer (REQUIRED) Date		A. 2003 Net Taxable Premiums B. % Estimated Tax(2004 2.75% or 1.4%) <hr/>
Company Name, Address 		C. 20% Prepayment Due 9/15 <div style="text-align: right;">(0560)</div>
IS PAYMENT SENT BY EFT _____ SEE INSTRUCTIONS ON REVERSE SIDE INS-PTX-QP2(Rev 04-04)		

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DELINQUENT IF NOT MAILED ON OR BEFORE DUE DATE TO: State of Idaho - Department of Insurance 700 West State Street, 3rd Floor Boise, ID 83720-0043 (208) 334-4250		THIRD QUARTERLY PREPAYMENT INSTALLMENT DUE DEC 15, 2004
I certify that information entered on this document is a true and correct declaration of Idaho business. <hr/> Signature and Title of Officer (REQUIRED) Date		A. 2003 Net Taxable Premiums B. Estimated Tax (2004 2.75% or 1.4%) <hr/>
Company Name, Address 		C. 15% Prepayment Due 12/15 <div style="text-align: right;">(0560)</div>
IS PAYMENT SENT BY EFT _____ SEE INSTRUCTIONS ON REVERSE SIDE INS-PTX-QP3(Rev 04-04)		

HAVE YOU:

- ☐ FOLLOWED THE ENCLOSED (INS-PTX-IPPT 04-04) INSTRUCTIONS FOR FILING
- ☐ ENCLOSED ORIGINAL STATEMENT
- ☐ SIGNED STATEMENT
- ☐ INDICATED EFT PAYMENT UNDER LINE C. (if applicable) -or-
- ☐ ENCLOSED CHECK, MADE PAYABLE TO "IDAHO DEPARTMENT OF INSURANCE"
- ☐ THERE WILL BE A \$20.00 CHARGE ON ALL RETURNED CHECKS - Idaho Code § 28-22-105
- ☐ ENCLOSED CERTIFICATION FOR REDUCED RATE (if applicable)
- ☐ INDICATED NAME/ADDRESS CHANGES TO THE RIGHT OF THE PRE-PRINTED LABEL

RETURN TO:

STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 WEST STATE STREET, 3RD FLOOR
PO BOX 83720
BOISE ID 83720-0043

HAVE YOU:

- ☐ FOLLOWED THE ENCLOSED (INS-PTX-IPPT 04-04) INSTRUCTIONS FOR FILING
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